

Supplement Attached

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 265

1. PLACE OF BIRTH

County..... State.....
District or Township..... or Village.....
City..... No..... St..... Ward.....
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Silverio Iniguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 5. Legitimate? yes 6. Date of birth 6-19-28
Month Day Year

8. FATHER
Full name Antonio Iniguez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Antonia Lopez
15. Residence (Usual place of abode) 13, Miami
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation
Nature of industry H.M.

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead.....
(c) Stillborn..... 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:50 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. E. Perkins
(Physician or midwife).

Given name added from a supplemental report..... Address Miami
Month, day, year..... Filed June 25, 1928 C. E. Jones
Registrar Registrar

299-619-139

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.